



## Complete Summary

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### GUIDELINE TITLE

Tonsillitis and pharyngitis in children.

### BIBLIOGRAPHIC SOURCE(S)

Finnish Medical Society Duodecim. Tonsillitis and pharyngitis in children. In: EBM Guidelines. Evidence-Based Medicine [CD-ROM]. Helsinki, Finland: Duodecim Medical Publications Ltd.; 2005 Oct 30 [Various]. [1 reference]

### GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Finnish Medical Society Duodecim. Tonsillitis and pharyngitis in children. In: EBM Guidelines. Evidence-Based Medicine [CD-ROM]. Helsinki, Finland: Duodecim Medical Publications Ltd.; 2004 Apr 21 [Various].

### \*\* REGULATORY ALERT \*\*

#### FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory information has been released.

On April 7, 2005, the U.S. Food and Drug Administration (FDA) asked manufacturers of non-prescription (over the counter [OTC]) non-steroidal anti-inflammatory drugs (NSAIDs) to revise their labeling to include more specific information about potential gastrointestinal (GI) and cardiovascular (CV) risks, and information to assist consumers in the safe use of the drugs. See the [FDA Web site](#) for more information.

Subsequently, on June 15, 2005, the FDA requested that sponsors of all NSAIDs make labeling changes to their products. FDA recommended proposed labeling for both the prescription and OTC NSAIDs and a medication guide for the entire class of prescription products. See the [FDA Web site](#) for more information.

### COMPLETE SUMMARY CONTENT

\*\* REGULATORY ALERT \*\*

SCOPE

METHODOLOGY - including Rating Scheme and Cost Analysis

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BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS  
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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
CATEGORIES  
IDENTIFYING INFORMATION AND AVAILABILITY  
DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

Tonsillitis and pharyngitis

GUIDELINE CATEGORY

Diagnosis  
Treatment

CLINICAL SPECIALTY

Family Practice  
Otolaryngology  
Pediatrics

INTENDED USERS

Health Care Providers  
Physicians

GUIDELINE OBJECTIVE(S)

Evidence-Based Medicine Guidelines collect, summarize, and update the core clinical knowledge essential in general practice. The guidelines also describe the scientific evidence underlying the given recommendations.

TARGET POPULATION

Children with suspected or known tonsillitis and pharyngitis

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

1. Culture or rapid antigen test

Note: Guideline developers considered but did not recommend assessment of clinical features as a reliable diagnostic measure.

Treatment

1. Paracetamol, naproxen, or ibuprofen for fever and pain
2. Penicillin or cephalixin
3. Isolation of infected child from daycare or school for one day after onset of antibiotic treatment

#### MAJOR OUTCOMES CONSIDERED

- Cure rates
- Adverse effects of treatment

### METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)  
 Hand-searches of Published Literature (Secondary Sources)  
 Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The evidence reviewed was collected from the Cochrane database of systematic reviews and the Database of Abstracts of Reviews of Effectiveness (DARE). In addition, the Cochrane Library and medical journals were searched specifically for original publications.

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

- A. Strong research-based evidence. Multiple relevant, high-quality scientific studies with homogenic results.
- B. Moderate research-based evidence. At least one relevant, high-quality study or multiple adequate studies.
- C. Limited research-based evidence. At least one adequate scientific study.
- D. No research-based evidence. Expert panel evaluation of other information.

#### METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

#### DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

# RECOMMENDATIONS

## MAJOR RECOMMENDATIONS

The levels of evidence [A-D] supporting the recommendations are defined at the end of the "Major Recommendations" field.

### Basic Rules

- Antibiotics are indicated in infections caused by group A streptococci diagnosed by culture or rapid antigen test. Symptomatic treatment is indicated in other cases.
- Identify mononucleosis.
- Identify and treat a streptococcal epidemic.

### Aetiology

- Adenoviruses are the most common aetiological agents.
- Streptococcal pharyngitis is rare in children below 3 years of age.

### Symptoms and Signs

- Fever and sore throat are the main symptoms associated with streptococcal infection, but clinical diagnosis is unreliable.
  - Adenoviruses and other viruses can cause exudative tonsillitis.

- In two thirds of school-aged children with streptococcal tonsillitis there is no exudate.
- If a patient with recent onset fever and sore throat also has cough and rhinitis, a viral respiratory infection is far more probable than streptococcal infection.
- Sore throat with rash is often caused by adenoviruses or other viruses.
- Ear pain may radiate to the tonsillar region (and vice versa).
- Streptococcal pharyngitis may cause abdominal pain.

### Diagnostics

- Diagnosis should be based on the detection of streptococci in pharyngeal secretions by culture or rapid antigen test (see picture 1 in the original guideline document). Bacteria other than streptococci need not be sought.
- A rapid culture method (Streptocult®) will give a result the next morning (see Finnish Medical Society Duodecim guideline "Throat Bacterial Swab."). If a rapid antigen test is used a negative result should be verified by culture. (In children below 3 years of age streptococcal tonsillitis is so rare that a negative antigen test need not be controlled by culture.)

### Treatment

- Fever and pain are best treated with paracetamol. Naproxen and ibuprofen are alternatives. Infections caused by group A streptococci should be treated with penicillin V, 70 mg/kg/day (100,000 units/kg/day), or (in patients with penicillin allergy) cephalexin, 50 mg/kg/day, in two doses for 10 days (Deeter et al., 1992) [A]. Because of infectiousness the child should be isolated from day care or school for one day after the onset of antibiotic treatment. The length of absence from day care or school is determined by the general condition and not by the aetiological agent.

### Definitions:

#### Levels of Evidence

- Strong research-based evidence. Multiple relevant, high-quality scientific studies with homogenic results.
- Moderate research-based evidence. At least one relevant, high-quality study or multiple adequate studies.
- Limited research-based evidence. At least one adequate scientific study.
- No research-based evidence. Expert panel evaluation of other information.

#### CLINICAL ALGORITHM(S)

None provided

### EVIDENCE SUPPORTING THE RECOMMENDATIONS

#### REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

## TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Concise summaries of scientific evidence attached to the individual guidelines are the unique feature of the Evidence-Based Medicine Guidelines. The evidence summaries allow the clinician to judge how well-founded the treatment recommendations are. The type of supporting evidence is identified and graded for select recommendations (see the "Major Recommendations" field).

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

Appropriate diagnosis and treatment of tonsillitis and pharyngitis

### POTENTIAL HARMS

Adverse effects of medication

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

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### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2004 Apr 21 (revised 2005 Oct 30)

#### GUIDELINE DEVELOPER(S)

Finnish Medical Society Duodecim - Professional Association

#### SOURCE(S) OF FUNDING

Finnish Medical Society Duodecim

#### GUIDELINE COMMITTEE

Editorial Team of EBM Guidelines

#### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Author: Marjukka Mäkelä

#### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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#### GUIDELINE AVAILABILITY

This guideline is included in a CD-ROM titled "EBM Guidelines. Evidence-Based Medicine" available from Duodecim Medical Publications, Ltd, PO Box 713, 00101 Helsinki, Finland; e-mail: [info@ebm-guidelines.com](mailto:info@ebm-guidelines.com); Web site: [www.ebm-guidelines.com](http://www.ebm-guidelines.com).

#### AVAILABILITY OF COMPANION DOCUMENTS

None available

#### PATIENT RESOURCES

None available

#### NGC STATUS

This NGC summary was completed by ECRI on August 31, 2005. This summary was updated by ECRI on March 17, 2006.

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